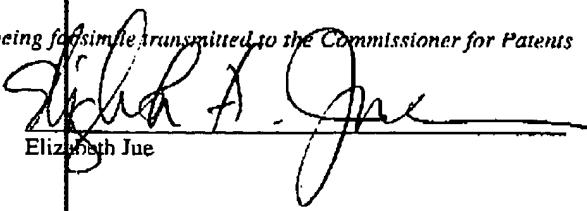


PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being transmitted to the Commissioner for Patents on September 9, 2003.


Elizabeth A. Jue

Appl No. : 09/647,899
Applicant : Werner Taubmann, et al.
Filed : October 6, 2000
Title : SPINDLE OR WORM DRIVE FOR ADJUSTING DEVICES IN
MOTOR VEHICLES

TC/A.U. : 3634
Examiner : Gregory J. Strimbu

Docket No. : 40551/MEG/M521
Customer No. : 23363

SUPPLEMENTAL PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
September 9, 2003

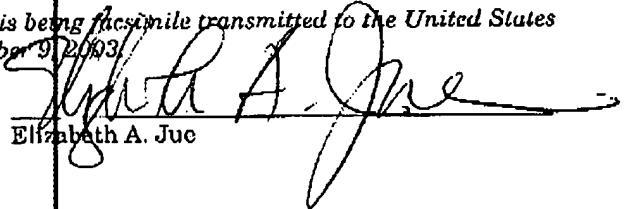
Commissioner:

Please amend the above identified application prior to examination as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER*I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on September 9, 2003.*
Elizabeth A. Jue

Applicant : Werner Taubmann, et al.
 Application No. : 09/647,899
 Filed : October 6, 2000
 Title : SPINDLE OR WORM DRIVE FOR ADJUSTING DEVICES IN MOTOR VEHICLES
 Grp./Div. : 3634
 Examiner : Gregory J. Strimbu
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Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

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PostOffice Box 7068
Pasadena, CA 91109-7068
September 9, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	46	*42+10	0	x \$9.00	x \$18.00	
Independent Claims	3	** 3	0	x \$42.00	x \$84.00	
Multiple Dependent Claims ***				\$140.00	\$280.00	
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					
LIST INDEPENDENT CLAIMS: 1, 27, 44						
• IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3						
** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3						
*** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME						
**** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NO-FEE AMENDMENTS"						

Attached is our check for \$ 10 to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

Other enclosures:

OFFICIAL

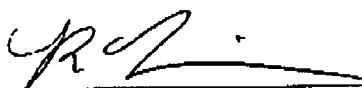
**Amendment Transmittal Letter
Application No. 09/647,899**

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By



Rose A. Hickman
Reg. No. P-54,167
626/795-9900

RAH/caj